

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/813,229		Filing Date 31 March, 2004		<input type="checkbox"/> To be Mailed					
				Applicant(s) PFLEGER, KARL						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51	X					
2		1					52	X					
3		1					53	X					
4		1					54	1					
5		1					55						
6	X						56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15	X						65						
16		1					66						
17	X						67						
18	X						68						
19	1						69						
20	1						70						
21		1					71						
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38		1					88						
39	1						89						
40	1						90						
41		1					91						
42		1					92						
43	1						93						
44	X						94						
45	X						95						
46	X						96						
47	X						97						
48	X						98						
49	X						99						
50	X						100						
Total Indep	6						Total Indep						
Total Depend		33					Total Depend						
Total Claims		39					Total Claims						

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